Fill	in this information to	identify your ca	ise:										
Deb	Thomas C Luther												
	otor 2 use, if filing)					_							
Unit	ted States Bankrupto	cy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		_							
Case number 22-11376							Che	ck if this is	:				
(If kn	lown)							An amende	ed filing				
										wing postpetit e following da			
<u>Of</u>	fficial Form	<u> 1061</u>					MM / DD/ YYYY						
Sc	chedule I: Y	our Inco	ome								12/1		
Par	t 1: Describe	to this form. (r spouse is not filing wit On the top of any additio										
1.	Fill in your emploinformation.	yment		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more th	te page with	Employment status	☐ Employed				☐ Employed					
	attach a separate prinformation about a employers.			■ Not employed				☐ Not employed					
	Include part-time, s	seasonal or	Occupation					-					
	self-employed work		Employer's name										
	Occupation may in or homemaker, if it		Employer's address										
			How long employed th	ere?									
Par	t 2: Give Deta	ails About Mon	thly Income										
	mate monthly incor use unless you are so		ate you file this form. If y	ou have nothing to repo	ort for	any lin	ie, writ	e \$0 in the	space.	Include your	non-filing		
	u or your non-filing s e space, attach a ser		re than one employer, conthis form.	mbine the information fo	or all e	mploy	ers fo	r that perso	on on the	e lines below.	If you need		
						F	For De	ebtor 1		Debtor 2 or filing spouse	е		
2.			ry, and commissions (be calculate what the monthly		2.	\$_		0.00	\$	N/	<u>'A</u>		
3.	Estimate and list	monthly overti	me pay.		3.	+\$_		0.00	+\$	N/	<u>'A</u>		
4.	Calculate gross Ir	ncome. Add lin	e 2 + line 3.		4.	\$_		0.00	\$_	N/A	-		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1 _	Thomas C Luther	_	Case no	umber (<i>if known</i>)	22-113	<u> 76 </u>		
				For D	Debtor 1	For Debtor 2 or			
	Com	v line 4 hore	4	\$	0.00	non-fili	ing spouse		
	Copy	y line 4 here	4.	Φ	0.00	Φ	N/A	-	
5.	List a	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	-	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	_	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	_	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	- \$	0.00	+ \$	N/A	-	
•			_	· —	0.00	· -	N/A	-	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	-	
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	_	
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total	•	•		•			
	Oh	monthly net income.	8a.	\$	0.00	\$	N/A	_	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	0.00	Φ	N/A	-	
	oc.	regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	_	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	_	
	8e.	Social Security	8e.	\$	1,700.00	\$	N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	,						
		that you receive, such as food stamps (benefits under the Supplemental	,						
		Nutrition Assistance Program) or housing subsidies.							
	_	Specify:	8f.	\$	0.00	\$	N/A	_	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	-	
	8h.	Other monthly income. Specify: Anticipated part time employment	8h.+	- \$	750.00	+ \$	N/A	-	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,450.00	\$	N/A	A	
			_						
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	2	,450.00 + \$	ı	V/A = \$	2,450.00	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			, 100100				
11.		e all other regular contributions to the expenses that you list in Schedule	. J.						
		de contributions from an unmarried partner, members of your household, your		dents, y	our roommates	s, and			
		r friends or relatives.			Р				
	Spec	ot include any amounts already included in lines 2-10 or amounts that are not	availab	le to pa	y expenses list	ed in Sch	eaule J. 11. +\$	0.00	
	Орсо						···	0.00	
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ined monthly in	come.					
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it								
	appli	es					' Ψ	2,450.00	
							Combir		
12	Dov	ou expect an increase or decrease within the year after you file this form	2				monthl	y income	
13.		No.	•						
	_	Yes. Explain:							
		· oo: =xp.siiii							